

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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11						
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13						
14		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	20	←	→	→	→	→
TOTAL CLAIMS	24	[shaded]	[shaded]	[shaded]	[shaded]	[shaded]

51	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←	→	→	→	→
TOTAL CLAIMS		[shaded]	[shaded]	[shaded]	[shaded]	[shaded]